

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		/				
2							52		/				
3							53		/				
4							54		/				
5							55		/				
6							56		/				
7							57		/				
8							58		/				
9							59		/				
10							60		/				
11							61		/				
12							62		/				
13							63		/				
14							64		/				
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18							68		/				
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20							70		/				
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34							84		/				
35							85		/				
36							86	/					
37							87	/					
38							88						
39							89						
40							90						
41	/						91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46							96						
47							97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						